т	A	T	EN	T	A	PP	T T		A	TT	0	N.T	
г			Cl.	ЯI	н	rr	Lı	•	м	11	·	IN	

	:	ON AND POWER OF ATTORNEY						
ATTORNEY DOCKET N			MS DOCKET NO. 304275.01					
	ntor, I hereby declare that:							
My residence/post offic	e address and citizenship are	as stated below next to my name;						
I believe I am the origin	ıal, first and sole inventor (if	only one name is listed below) or an	original, first and joint inventor (i					
plural names are listed	below) of the subject matte	er which is claimed and for which a	patent is sought on the inventior					
		LANS FOR ORDER SIMULATION AND PRODUCTION PLANNING						
the specification of which	h is filed herewith unless the	following box is checked:						
() was filed or	ıas US App	as US Application Serial No. or PCT International Application						
Number	and was ame	and was amended on (if applicable).						
I hereby state that I hav	e reviewed and understood t	he contents of the above-identified spe	ecification, including the claims, as					
amended by any amend	iment(s) referred to above.	I acknowledge the duty to disclose al	l information which is material to					
patentability as defined	in 37 CFR 1.56.	R 1.56.						
•								
Foreign Application(s) and/o	r Claim of Foreign Priority							
I hereby claim foreign priority	y benefits under Title 35, United Stat	tes Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed					
below and have also identifi	ed below any foreign application f	or patent or inventor(s) certificate having a fil	ing date before that of the application or					
which priority is claimed:								
COUNTRY	APPLICATION NUMBER	DATE FILED PRIORITY	CLAIMED UNDER 35 U.S.C. 119					
			YES: NO:					
			YES: NO:					
POWER OF ATTORNEY:								
	y appoint the following attorney(s) a	ind/or agent(s) associated with						
	11	(-)(-)						
		Customer No. 27366						
A								
Send Correspondence to:	nd transact all business in the Paten	at and Trademark Office connected therewith.						
being correspondence to:		Direct Telephone Calls T	0:					
Contact Name	Joseph R. Kelly	Contact Name	Joseph R. Kelly					
Firm Name	Westman Champlin & Kelly	Contact Phone Number	612-334-3222					
Firm Address	900 Second Ave. S., Ste. 1600							
City, State and Zip	Minneapolis, MN 55402-3319							

DECLARATION AND POWER OF ATTORNEY
ATTORNEY DOCKET NO. M61 12-0543 M5

MS DOCKET NO. 304275.01

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Benny Olesen

Citizenship: Danish

25/8-2003

Residence: Greve, Denmark

Post Office Address: Rosenvangsvej 7, 2670 Greve, Denmark

Inventor's Signature

Date